

# PTO

## Request for Funds

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Amount Requested or Paid: \_\_\_\_\_

Please provide a brief description or attachment of what is being requested or purchased.

Reviewed by School Director: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by PTO Officer or Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

---

## Expense Reimbursement

Total Amount Requested or Paid: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Full address: \_\_\_\_\_

Receipt(s) totaling the amount of reimbursement must be attached.

### *For Treasurer's Use Only*

Category: \_\_\_\_\_ Check#: \_\_\_\_\_

Dated: \_\_\_\_\_ Logged: \_\_\_\_\_

Date Check mailed or returned to PCKCS: \_\_\_\_\_

**THANK YOU for helping us to be accountable.**

If you have any questions, please call Kathy Johnson at 720-851-2929 or [kdj22@comcast.net](mailto:kdj22@comcast.net).